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02570 U.S. PTO

10/797532  
22358 U.S.P.T.O.

031004

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	14883US02
First Inventor	Scott S. McDaniel
Title	System and Method for Interfacing with a Management System
Express Mail Label No.	EV 435 261 308 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>-Descriptive title of the invention</li> <li>-Cross Reference to Related Applications</li> <li>-Statement Regarding Fed sponsored R&amp;D</li> <li>-Reference to sequence listing, a table, or a computer program listing appendix</li> <li>-Background of the Invention</li> <li>-Brief Description of the Drawings <i>(if filed)</i></li> <li>-Detailed Description</li> <li>-Claim(s)</li> <li>-Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets 6]	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> </ul>	
c. <input type="checkbox"/> Statements verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	23446	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	312-775-8100
Name (Print/type)	Michael T. Cruz		Registration No. (Attorney/Agent) 44,636
Signature	<i>Michael T. Cruz</i>		Date March 10, 2004

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$1590.00)

## Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Scott S. McDaniel
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	14883US02

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Deposit Account Number</td><td colspan="3">13-0017</td></tr> <tr><td style="text-align: center;">Deposit Account Name</td><td colspan="3">McAndrews Heid &amp; Malloy</td></tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  <input type="checkbox"/> Applicant claims small entity status.      See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit Card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p>				Deposit Account Number	13-0017			Deposit Account Name	McAndrews Heid & Malloy			<p>3. 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**or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid																																																																																																																																																																																																																																																															

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636	Telephone	312-775-8084	
Signature	<i>Michael T. Cruz</i>			Date	March 10, 2004	

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